PAT	ENT AP	PLICAT Sc	MON FEE	DETERMINA Form PTO-875	TION	RECO ve Decem	RD ber 8	2004	unless	4440	1100 97/2	POT OF V	tumber_
	PPLICAT		FILED - P	•							700	THER	THAN
FOR		AN IMPERIOR STATE			SMALL ENT			MILITY		OR ,	SMALL ENTIT		ENTITY
ASIC FEE 7 CFR 1 16(0) (0) or 1		NA		NUMBER EXTRA		RATE	31	FEE			RATE (\$)		FEE
EARCH FEE 7 CFR 1 16(N. (4), or (n	-	NA		N/A				150.0		-	N/A		300.0
XAMINATION FEE 7 CFR 1 16(0). (p). or (c		N/A		N/A		NA .		\$250			N/A		\$500
TAL CLAIMS LOFR 1 16(1)	"- 			N/A		N/A		\$100			, N/A		\$200
DEPENDENT CLAS	AS	minus 20 «				X\$ 25 .] <	XR [X\$50 .		
CFR 1 16(h)]	If the	If the specification and		fraulogs avocad soo		X100 -					X200		
PLICATION SIZE E CFR 1 16(61)	is \$25 addition	is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			-1-1								
ILTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))					\prod	+180=	T		7	 	+360=	+	
the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL	T		1	<u></u>		+	
APPLICATION AS AMENDED - PART II						•	-		, ب		TOTAL	<u></u>	
	(Column 1)		(Colum	n 2) (Column 3)		SMALL	EM	ritv'	O F	₹.	OTH	ER TI	HAN
Miol	CLAIMS REMAINING	AINING NUMBER PRESENT			ÌГ	RATE (5)				SMALL		LEN	ΠΤΥ
TINION	AFTER MENDMENT		PREVIOU PAID FO	SLY EXTRA	11	(9)	± 1	ADDI- TONAL EE (\$)		1	CATE (\$)	-	ADDI- TIONAL
O7 CFR L16(f)	12	Minus	20) •—	X	\$ 25 .	 	(3)		XS	50	1-	FEE (1)
D7 CFR LIGAD	2	Minus	1"3	*	x	100 -	1	/	OR	-	00	1-	-/-
Application Size Fee (37 CFR 1.16(s))									OR	F	-	┼	-/-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)						180=			OR	+3	60=		/-
			`			TAL O'L FEE			OR	TOT	AL L FEE		/
	clumn 1)		. (Column			· .	•		•				
AM	MAINING AFTER. ENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESENT LY EXTRA	R	ATE (\$)	TIC	XVAL		RA	TE (\$)		DOI+
Total		Minus	**	=	X	25 .	FE	E (3)	ŀ	¥66			E (5)
dependent 7 CFR 1.16(h)p		Minus	•••	6	_	00			OR	X\$5			
pplication Size Fee								_	OR :	٨٧٧	<u> </u>		
RST PRESENTATION	OF MULTIPLE	DEPENDE	VT CLAIM (37	CFR 1.16(0)	+1	80=		7	OR T	+36	0=		
the entry in column the "Highest Numbe	l is los s than	the enter t	a coher a	all - man e		LFEE)A	TOTAL ADD'L			
he "lighest Number he "Highest Number I "Highest Number I dion of Information process) an applica-	Previously P	aid For In	THIS SPACE	E is less than 20, en E is less than 3, ente	r 3 7.						4	·	

PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent DRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS